

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	O
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							61	
2							62	
3							63	
4							64	
5							65	
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7							67	
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36							96	
37							97	
38							98	
39							99	
40							100	
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
TOTAL IND.	2						TOTAL IND.	
TOTAL DEP.	12						TOTAL DEP.	
TOTAL CLAIMS	14						TOTAL CLAIMS	

Best Available Copy